



## **VOICE HISTORY FORM**

Briefly describe your voice and/or throat symptoms:

When did you first notice these symptoms? Do you associate the onset with any particular event?

How much water do you drink daily?

How much caffeine do you consume daily (coffee, soda, tea, chocolate)?

How much alcohol do you drink weekly?

Are you exposed to chemicals or other environmental irritants?

Any other comments or concerns regarding your voice:

## Voice Use Analysis

**CIRCLE YOUR ANSWERS BELOW**

**My voice is important for:**

Conversation

My job (job name) \_\_\_\_\_

Recreational activities (list) \_\_\_\_\_

**Singing:**

Singing is my primary source of income

I use singing as part of my teaching

I sing in a choir, chorus or band for fun

I enjoy singing at home and/or with my family

Non applicable

**I am:**

Very talkative

Talkative in certain situations

In the middle

Somewhat quiet

Quiet

**The reason I am coming for treatment of my voice are: (circle all that apply):**

**Quality/Sound:**

Hoarse/Raspy/Gravelly

Breathiness/Too Much Air the Sound

Complete Voice Loss

Intermittent Voice Loss

Tremor/Unsteady Sound

Sounds Too High or Low

Voice Too Loud or Quiet

Voice Breaks

**Physical Functioning:**

Hard to Get Voice Started

Increased Effort to Speak

Voice Gets Worse With Talking

Voice Turns On and Off as I Speak

Frequent Coughing/Throat Clearing

**Activity Functioning:**

Cannot Perform Job (leave of absence, changed duties)

Difficulty Performing Job Duties Well

Difficulty Being Heard/Understood Over Background Noise (restaurants, in large groups, in the car etc)

Difficulty Being Heard/Understood in Daily Tasks (phone use, shopping, etc.)

**Sensations:**

Pain/Discomfort

Feeling Like a Lump in Throat

Scratchy Feeling/Irritated Throat

Feeling of Mucous/Phlegm in Throat

Feeling Like a Lump in Throat

Hard to Breathe/Short of Breath with Talking

## PLEASE FILL OUT THE FOLLOWING QUESTIONNAIRES:

### Voice Handicap Index – 10

Instructions: These are statements that many people have used to describe their voices and the effects of their voices on their lives. Circle the response that indicates how frequently you have the same experience.

0 = never      1 = almost never      2 = sometimes      3 = almost always      4 = always

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. My voice makes it difficult for people to hear me.                  | 0 | 1 | 2 | 3 | 4 |
| 2. I run out of air when I talk.                                       | 0 | 1 | 2 | 3 | 4 |
| 3. People have difficulty understanding me in a noisy room.            | 0 | 1 | 2 | 3 | 4 |
| 4. The sound of my voice varies throughout the day.                    | 0 | 1 | 2 | 3 | 4 |
| 5. My family have difficulty hearing me when I call them in the house. | 0 | 1 | 2 | 3 | 4 |
| 6. I use the phone less often than I would like.                       | 0 | 1 | 2 | 3 | 4 |
| 7. I'm tense when talking to others because of my voice.               | 0 | 1 | 2 | 3 | 4 |
| 8. I tend to avoid groups of people because of my voice.               | 0 | 1 | 2 | 3 | 4 |
| 9. People seem irritated with my voice.                                | 0 | 1 | 2 | 3 | 4 |
| 10. People ask, "What is wrong with your voice?"                       | 0 | 1 | 2 | 3 | 4 |

## **Reflux Symptom Index**

Within the last MONTH, how did the following problems affect you?

0 = no problem

3 = some problem

5 = severe problem

- |  |   |   |   |
|--|---|---|---|
| 1. Hoarseness or a problem with your voice                           | 0 | 3 | 5 |
| 2. Clearing your throat  | 0 | 3 | 5 |
| 3. Excess throat mucous  | 0 | 3 | 5 |
| 4. Difficulty swallowing food, liquid, or pills                      | 0 | 3 | 5 |
| 5. Coughing after eating or lying down                               | 0 | 3 | 5 |
| 6. Breathing difficulties or choking episodes                        | 0 | 3 | 5 |
| 7. Troublesome or annoying cough                                     | 0 | 3 | 5 |
| 8. Sensations of something sticking in your throat or lump in throat | 0 | 3 | 5 |
| 9. Heartburn, chest pain, indigestion or stomach acid coming up      | 0 | 3 | 5 |